

BULLETIN OF THE NEW YORK ACADEMY OF MEDICINE

Vol. 12

NOVEMBER, 1936

No. 11

NINTH ANNUAL GRADUATE FORTNIGHT

"Trauma; Occupational Diseases and Hazards"

October 19 to 31, 1936

OPENING REMARKS*

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The educational symposium which we open tonight is an attempt to present to the profession the advances in medicine, so that the busy practitioner may be informed from authoritative sources as to the latest thought and knowledge on a given topic. The series was instituted in 1928, and each year a subject of outstanding importance in the practice of medicine and surgery has been selected. At the evening meetings, various aspects of the subject are discussed by well-known authorities. In the afternoons the hospitals of the City give clinics, which deal with practical phases of the same problem. This year the subject is Trauma; Occupational Diseases and Hazards.

It is a common observation that the simple and obvious things in life are the ones most often overlooked. This is notably true in medicine. Indeed, there is an old saying that in the search for the ichthyosaurus the common bed bug is often overlooked. The medical mind, from that in the professorial chair down to the first year student is focused upon the cause and cure of cancer, the etiology of the unexplained exanthemata, the incidence of aleukemic leukaemia and the distinction between Banti's disease and

* Delivered October 19, 1936.

splenic anaemia. The treatment of the common injuries is touched upon but lightly in the medical school and at surgical meetings. The application of a bandage, the suturing of a wound, the care of local infections and the treatment of fractures and dislocations are relegated to a secondary place in the efforts of the teacher of surgery. Yet, modern conditions have brought injuries and occupational diseases and hazards to a position of primary importance to the community. The speeding up of present day activities by the various methods of modern transportation have relegated the relatively safe horse drawn vehicle of our fathers to little more than a memory. Man now travels not only horizontally, as of old, but upward and downward, like moles burrowing under rivers and mountains, and birds soaring in the air. Every phase of these developments, their preparation and perpetration, is attended by an ever increasing toll of accidents and deaths.

With the enormous growth of industrial enterprises, injuries and occupational hazards take on increasing importance. Industry is constructive in the inanimate but destructive to man. The powerful implements of modern warfare have reached such refinement as to necessitate almost as many physicians and surgeons as line officers in an army.

It is fitting therefore that this subject be periodically reviewed. While we cannot expect to be told much that is new, we will find that much which has been forgotten will be again brought to light. We are now in the same frame of mind as was Pott who wrote in 1777: "no man, however slightly acquainted with the history of Surgery, can have the smallest doubt of the superiority which its present state justly claims over that of our predecessors. . . . The surgery of the last century was coarse and cruel, painful and tedious. To simplify the art has been the aim of all the best practitioners of later times."

It is striking how much of our present day "new" knowledge and methods are but refinements of what was known and practiced in the past. If I may be allowed to digress, I shall cite historical evidence on this point.

Dietary instructions for various conditions were laid down by Hippocrates. Gymnastics were practiced by the early Chinese and massage by the ancient Egyptians. Even in antiquity, the value of climatic treatment for pulmonary affections was emphasized and the communicability of consumption was recognized by Avicenna about 1000 A.D. The clyster was extensively employed for many diseases. Herodotus relates that the Egyptians had the habit of washing their intestines every month for the preservation of health.

Fads have always been a menace to progress. For instance, blood letting for generations was blindly practiced. Byron in his last illness opposed being bled for fever, remarking that "less slaughter is affected by the lance than the lancet, that minute instrument of mighty mischief." After Louis XIV had his rectal fistula operated upon a number of loyal Frenchmen elected to have this then fashionable operation done upon themselves.

Military exigencies have been responsible for much of the development of traumatic surgery throughout the ages. This is demonstrated in the history of the Greeks, Romans and Macedonians. What a thrill it is to review the description of the treatment of the thoracic wound of Alexander the Great. At the age of 28 he was gravely wounded by a heavy arrow which pierced his coat of mail and lodged under the right nipple. Air and blood are said to have escaped from the wound and he was near death. The historian Quintus Curtius recorded that Cristodemus of Cos sawed off the shaft of the arrow. When the armour had been removed, the arrow head was extracted through a deep incision.

The Crimean War was responsible for Florence Nightingale and the development of nursing. The recent war revolutionized traumatic surgery. It advanced the prevention of tetanus; the treatment of gas bacillus infection and the knowledge of its countless bacterial factors; debridement; closure by primary and secondary suture; effective care of wounds, notably by the Carrel-Dakin method; the treatment of shock and, finally, untold details

in the handling of fractures both simple and compound. Much of this has been forgotten. One hears decried the Carrel-Dakin method. It is just as efficient now as it was twenty years ago, if properly employed, which is rarely the case. Tetanus can always be prevented, yet we see cases in civil practice where precautions are neglected. How often the practitioner in civil life forgets to administer the anti-toxin at the time of a secondary operation following trauma. I have recently seen a death result from this omission. One does not appreciate and use sufficiently traction and suspension in complicated cases of bone lesions. In the War, the Balkan frame with its limitless elaborations was of inestimable value. I remember a young officer with knees and arms operated upon who was under a Balkan frame with suspension and traction devices running in all directions. One morning on entering the officers' ward I noticed a large sign which read "Pulley Pool, the mechanical maniac." Many modern surgeons take a similar view of such devices regarding them as incumbrances. Yet they have an important place in treatment.

Our theme is to be developed by eminent contributors to whom on behalf of the Officers and Fellows, I extend our deepest thanks. It is my privilege to welcome you and to offer you the facilities of the Academy. I hope you will join me in an expression of appreciation to the Graduate Fortnight Committee, the Committee on Clinics, the Committee on Scientific Exhibits, the Subcommittee on Therapeutics, and to Dr. Frederick P. Reynolds who has been Secretary of the Committee on Medical Education since April, 1924. That committee has been responsible for the Graduate Fortnight. It is with deep regret that we record the fact that this is the last "Fortnight" under the direction of Dr. Reynolds.
